

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026113

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

892

STATE FILE NUMBER

FILED AUG 6 1962

## 1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Joseph,Length of stay in 1b  
5 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

No. Methodist Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Andrew

c. CITY OR TOWN St. Joseph,

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Rural Route #3

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

ROBERT

Middle

Last

HANNI

## 4. DATE OF DEATH

Month

Day

Year

July 28 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Dec. 3, 1892

## 9. AGE (last birthday)

69

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dairy Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Dairy Farm

11. BIRTHPLACE (City and state or country)

Bern, Switzerland

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John Hanni

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Huffman

## 14. NAME OF HUSBAND OR WIFE

Rose M. Hanni

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Rose M. Hanni-St. Joseph, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gunshot wound, bullet, chest, bilateral

## INTERVAL BETWEEN ONSET AND DEATH

7-23-62

DUE TO (b) Gunshot wound of both arms

DUE TO (c) Gunshot wound of abdomen, perforation, colon.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Shot during robbery

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.Month, Day, Year  
July 23, 196220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

in barn

20f. CITY, TOWN, OR LOCATION

near Avenue City

COUNTY

Andrew County, Mo.

STATE

21. I attended the deceased from 7-23-62 to 7-28-62 and last saw him alive on 7-28-62

Death occurred at 9:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

July 30, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Ridge Cemetery

## 23d. LOCATION (City, town, or county)

Cosby, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Missouri

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Meierhoffer-Fleeman Inc., St. Joseph, Aug 2, 1962

Mrs. Clark Handell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

15117

20201

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7 2

8 2

9 981X

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12 2-0

13 1-0

OCT 18 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond H. Lee

Licensed Embalmer No. 5147

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.